. No. 300
1—10-47
. 5-17-39
I 3906

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 13 1948
Registration District No. 3278

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3073

State File No. 31721

Registrar's No. 25

1. PLACE OF DEATH:

(a) County SCOTT

(b) City or town CHAFFEE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
205 COOK AVE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 7 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County SCOTT

(c) City or town CHAFFEE
(If outside city or town limits, write "RURAL")

(d) Street No. 205 COOK AVE.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JAMES THOMAS SIMPSON

3. (b) If veteran, name war —

3. (c) Social Security No. 494-30-5970

4. Sex M

5. Color or race W.

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased MAY (Month) 29 (Day) 1922 (Year)

8. AGE: Years 26 | Months 4 | Days 9 | If less than one day hr. min.

9. Birthplace BROWNWOOD (City, town, or county) MO (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

FATHER
12. Name LOUIS T. SIMPSON
13. Birthplace BROWNWOOD (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name ALVIA COOPER
15. Birthplace SWINTON MO (City, town, or county) U (State or foreign country)

16. (a) Informant J. T. Simpson
(b) Address Chaffee Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10/7/48 (Month) (Day) (Year)

(c) Place: burial or cremation Union Park Cem. Chaffee

18. (a) Signature of funeral director C M Stubbs Mgr.
(b) Address Chaffee Mo

19. (a) 10/6/48 (Date received by local registrar) (b) G B MacCready (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 4
year 1948 hour 7 minute 30 M.

21. I hereby certify that I attended the deceased from July 26, 1948, to October 4, 1948; that I last saw him alive on October 4, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	2
Cardiac Failure	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) None.	
Major findings: Of operations None	
Of autopsy None made.	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. Joseph H. Scroggins (M. D. or other) DC.

Address Chaffee Mo. P.O. Box 111. Date signed 10/6/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1048-12-22
Date Filed 10-11-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed C. J. Lovberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.